REPORT OF THE COMMITTEE ON PUBLIC POLICY AND LEGISLATION, BY THE CHAIRMAN, GEORGE E. TUCKER, M. D., RIVERSIDE.

As early as November, 1912, more than a year ago, the question as to whether the regular medical profession should take any part in the passage of a medical practice act in the 1913 legislature was discussed by certain members of the profession in Southern California.

As a result of these conferences, which were held in Los Angeles, San Bernardino, Redlands and Riverside, it was decided to perfect an organization to be known as The Public Welfare League, and to include in the membership not only physicians, but also interested laymen. Funds were to be raised through the agency of this League and Mr. H. T. Morrow and myself were selected to act as representatives at Sacramento to make an effort to bring about the enactment of a law which would contain provisions looking toward:

First, the retention of the A. M. C. standard in the law to apply to all schools of practice.

Second, high school education as a preliminary requirement for all licentiates to practice the healing art in California, if the A. M. C. standard was lost.

Third, a fair and equitable reciprocity clause.

Fourth, provisions under which the successful prosecution of illegal practitioners and advertising quacks could be carried on.

Fifth, defeating the efforts of the chiropractors, mechanotherapists, and divine healers to obtain recognition and license to practice their respective methods of healing.

With this in mind, Mr. Morrow and I, through the courtesy of the American Medical Association, obtained an analysis of all the state medical laws, endeavored to become familiar with their provisions and if possible to present a measure which would incorporate the sound provisions of these acts and eliminate the weak and undesirable. As a further step to this end we made a study of the Report of the Carnegie Foundation for the Advancement of Teaching, we visited medical societies in Southern California, in Central California, and in Northern California, we presented our ideas, we asked for suggestions.

When we arrived at Sacramento during the opening of the session of the legislature, we thought we knew what the regular medical profession felt would be required to protect the public from an influx of incompetent and designing medical and manipulative practitioners, and not be a hindrance to the obtaining of a license by those qualified to practice the healing art regardless of the length of time that had elapsed between graduation and application for license.

We were not surprised when we learned that representatives of the so-called chiropractors, mechano-therapists, league for medical freedom, league of liberal physicians and healers, osteopaths, homeopaths, eclectics, commercial medical schools or diploma mills, were on the ground prepared to carry their fight to a successful issue, if money, organization and influence could bring them success.

At no time during the last two months of the session, were there less than twenty lobbyists opposing us and at one time there were as many as thirty-six. To describe the methods which were used by these lobbyists to defeat sane and decent medical legislation would require more time than this Society would care to allow to me for that purpose.

When you stop to consider that several members of the legislature were directly concerned in the outcome of this fight, that the Christian Scientists had representatives on the floor of both houses whose principal concern was to defeat sane medical legislation, that one member of the Assembly was there for no other purpose than to bring about the granting of a license to practice medicine to one of the most notorious fakers in the State of California, that there were men in the legislature who were directly connected with the League for Medical Freedom and openly worked for what that organization represented, while on the other hand, there was perhaps not a member of either branch of this body who was willing to trade his vote on a pet measure to assist in bringing about the enactment of a proper medical practice act, then you can readily understand why failure could justly be predicted and the "I told you so" so often repeated. If we were to obtain a law which was to be protective in its provisions we could only bring it about by being able to show that it was just, that it would not react to the detriment of any qualified practitioner of the healing art, licensed or unlicensed, that it would not create what was so frequently referred to as a "medical trust," and further that we as representatives of the whole people and the regular medical profession, had no selfish motive in giving our efforts to prevent the influx of a herd of incompetent practitioners into the field of the practice of medicine in the State of California.

Four thousand measures or more were presented to the legislature for its consideration. Of this number about forty were concerned with medical practice. To prevent the release of these measures from committee was our first aim. In this we succeeded after weeks of most strenuous work. But one act was released from either committee of the House or Senate with the recommendation "Do Pass," so that the fight narrowed down to the provisions which were to be incorporated in this so-called "joint committee bill."

The committee bill as originally drafted not only met with our approval, but also was passed upon and endorsed by such men as Dr. Dudley Tait of San Francisco, Dr. Wilbur of San Francisco, Dr. Moffitt and representative medical men of legislative experience from Sacramento, Oakland and Los Angeles. In short this measure contained all that we could desire, but did not leave the committee for general consideration. We knew by this action that the elastic A. M. C. standard would never be incorporated in the committee

bill, but might be written in as courses of study required.

If the original committee bill had passed and its provisions enforced by the board, in spite of two or three defects, it would have been a decided advance in the right direction, would have served to protect the interests of the public and would have given us in the future a class of medical practitioners in California of much higher standing, much better training, than has been brought about through the enforcement of the medical practice acts which have been on the statute books since 1901.

Up to April 28, 1913, when this bill was introduced in the Senate and no other measure had been released from committee with a recommendation "Do Pass," your representatives in the lobby of the state legislature had accomplished to the satisfaction not only of themselves but of everyone to whom this measure was presented for consideration, nearly everything that seemed possible, but on April 28th and on May 5th, in spite of our efforts and the influence of the few, yes, very few, members of the medical profession who could be aroused to take some interest in our struggle, certain destructive amendments were made.

We tried industriously to change the schedule of requirements so that applicants for "physician and surgeon certificate" would not be required to have credit for 300 hours of physical therapy, including electro-therapy, X-ray, radiotherapy, and hydrotherapy—a course not offered by any regular medical school in the United States.

This sop to the osteopaths could not be prevented because of their splendid organization and the keen interest shown by the licensed members of their school of practice in the controversy.

The bill as passed in its final form was no more than a travesty of the bill first considered by the committee. Of the one hundred and twenty members of the legislature, I question whether there was more than one, and sometimes I had my doubts regarding this one, who understood the provisions of this act. Every provision in the measure which was worth while was fought for industriously by both Mr. Morrow and myself from early morning of January 1, 1913, to the last of the closing hours of the session. One member dominated the committee and was responsible for the writing in of the "freak" and weak portions of the act.

We found it practically useless to try to convince representatives of the profession of the technical importance of the proper wording of certain clauses in the law. As the measure stands to-day it is subject to interpretation in several sections and I believe one attorney even questions the legality of the title. Half a dozen competent lawyers have had the act before them for consideration and no two have agreed as to the intent of its provisions. At the public hearing before the Governor, in spite of the fact that the osteopaths after the third amendment was made, were the strongest proponents of the bill, and in spite of the fact that the homeopaths were the strongest opponents and in spite of the fact that the promoters of the commercial diploma mills were opposed to the measure, and the regular profession were indifferent, the homeopaths came out as favoring the bill, the osteopaths opposed and the regulars as usual took no part in the discussion.

The Governor signed the bill and it became a law. September 1st passed and no board was appointed, but later the personnel of the board was announced. A meeting was held and an osteopath was elected president, a homeopath was elected secretary and a representative of the regular profession was shelved as vice-president. A San Francisco homeopath was elected secretary, although the act provided that the office of the board should be in Sacramento.

Politics appears to have played an important part in making the appointments on the board, and it is sad to relate that even the somewhat insignificant office of Inspector for the Board has been buffeted back and forth on the political waves. It is an unusual spectacle to witness the appointment of members of a medical board resting, at least to a great extent, in the hands of Christian Scientists,—but that is the existing condition,—a Los Angeles leader of the present political organization having considerable to say in regard to the composition of the board, and its inspector in this locality. Many of the appointments made on the board could not perhaps be improved upon, but the necessity of such a humble employee as an inspector, being a member of any particular political organization, or being satisfactory to any particular political boss, hardly encourages a feeling that a law will be enforced with the highest degree of efficiency.

What is going to happen in the next year or eighteen months I am unable to predict, but I would not hesitate to venture the opinion that the result of the application of this law will not revert to the benefit of either the unprotected and unsuspecting public, or to the reputable medical profession. The struggle which we made under most adverse conditions was heart-breaking and it should be understood that at the last and closing weeks of the fight your representatives were without funds and to this day are indebted to the extent of several hundred dollars. Mr. Morrow's time and efforts were given gratuitously and he is still out of pocket for some of his expenses. Five members of the profession have advanced sums ranging from $25 to $100, in addition to a liberal subscription, men who are unable to sacrifice any money whatever, and the Public Welfare League, through which our funds were raised, is still indebted for stenographic services and other expenses.

If this bill as enacted is not satisfactory and is not to the best interests of the state as a whole, a portion of the blame at least, should rest upon the shoulders of those members of our profession who remained indifferent to the trust which the public have chosen to impose upon them and to whom they look for protection and advice. Matters medical will rest in our hands so long as we seem willing and competent to handle them, but when

we refuse to accept that trust, sooner or later, an uneducated public are going to take matters into their own hands and bring legislation to themselves, which cannot help but prove disastrous and unsatisfactory.

It is not that people are opposed to us and what we represent. The facts are that they do not know and but few are willing to give time and the energy to learn. If the members of the medical profession themselves take no interest in medical legislation, knowing as they do the result for good and for evil which can be brought about through this agency, why should the public take it upon themselves and assume this burden? People who are capable of discriminating and recognizing lack of training can usually protect themselves, but the unsuspecting and misguided public must suffer, not of choice, but through ignorance.

Members of the legislature are not selected because of superior knowledge or ability to draft or judge the merits of laws. Generally speaking their purpose, except in rare instances, is to use their office for personal political gain or for public recognition. Secondarily, they must please their constituency if possible. Meritorious measures or provisions are often not adopted because they are such, but because the right influence has been brought to bear in the right way, at the right time, and it is shown that the prime purpose of the legislator is being served if such legislation receives his support.

Our profession can gain little by attacking a popularly elected Governor, the members of the legislature or the political party in power. The proverbial wielding of the hammer, percussing, so-called, may in time assist in making a diagnosis, but only the spondylotherapists resort to its use for curative purposes, and we know with what success.

It is perfectly clear that, unfortunately, medical legislation is, and has been, kicked around the legislature like a football. Matters involving taxation, labor and like questions which command the concentration of the political power which happens to be in the saddle, take practically all of the time and efforts of the legislators. The mere work involved in the reading and attempted comprehension of the bills introduced in each legislature would be too much for men of even greater ability than those who grace or disgrace the legislature, as the case may be. Medical legislation is a subject understood by none and avoided by all except, perhaps, one or two devoted legislators and a few cheap interested and ignorant politicians. Should a measure by any chance be drawn so as to represent all that is best for the public, as well as for the medical profession, those few interested politicians, by crying trust and personal liberty, could at will eliminate all that was good and constructive in the law and perhaps make matters worse than they were. In other words, the few able men in the legislature are deeply engrossed in other subjects which they consider of greater importance. Two or three men devoted to the best interests of the profession and the public do what they can to stem the tide, but, on the whole, medical legislation is a bone which is thrown out for the cur dogs to fight over.

The remedy is either an administration which will compel the passage of a proper law as an administration measure, or a commission composed of able men from all recognized schools of medicine, which would recommend a bill to the legislature which, while it might not be the ideal hoped for, yet would approach much more closely the standard they are trying to establish. Such a bill would be assured of passage, and while not all that might be desired, would be a hundred per cent. better than any which could be drawn and passed amongst the wranglings of a horde of lobbyists of a legislature considering four thousand bills, and with only the riff-raff to give it earnest and somewhat dishonest consideration.

"THE LOS ANGELES DEATHS FROM INTRASPINAL NEO SALVARSAN INJECTIONS."

By EUGENE S. MAY, M. D., Oakland.

The recent fatalities at Los Angeles following the intraspinal injection of neosalvarsan [1] forcibly call to our attention the fact that intraspinal injection of toxic substances can not be made without grave danger to life. In the Los Angeles cases, neosalvarsan (1-2-3 Mg.) was added to blood serum, the salvarsanized serum was then injected into the lumbar arachnoid space. Eight patients received the injection and died. One patient who lived two weeks received the first and largest dose of the salvarsanized serum. The important question arises: "What caused these deaths?" The method of injection was not that of Swift and Ellis,[2] which consists of the injection into the lumbar subdural space of serum which has been salvarsanized in *vitro*. This serum is obtained from patients who have had intravenous injections of salvarsan. How effective this treatment will prove, remains to be seen. Its efficacy will depend, of course, upon the amount of arsenic contained. This will probably prove nil, which indeed may prove a safeguard for life. The very fact that there have been few deaths reported following this method of intraspinal therapy goes a long way toward proving that the arsenic content of the serum is low, because the toxic effect of arsenic on the nervous system is well known.

Several theories have been advanced to explain these accidents. A defective ampule or syringe or, that because of chemical changes, the salvarsan itself proved more toxic. In view of the fact that the patient who survived received the first and largest dose, we must look further for a reason for the deaths reported.

To understand the modus operandi of the causes which led to the death of these patients, we must take into account not only the intimate anatomic relations existing between the subarachnoid space and central canal of the spinal cord, the ventricular system and vital centers of the brain, but also the physiology of the circulation of the cerebrospinal fluid in the subarachnoid space, spinal cord and ventricles.